

# REQUEST FOR ROCKINGHAM COUNTY CONS. DISTRICT

## WITNESS OF TEST PITS

In accordance with RSA 676:4, I (g), Article IV, Section 4.5 and Article VII, Section 7.3 of the Brentwood Zoning Regulations, all test pits shall be observed and logged by an agent of the Town. The cost of said witnessing shall be borne by the applicant. In order to request witnessing of test pits and septic plan review, the following form shall be submitted to the Selectmen's office, Town of Brentwood, accompanied by a fee of \$310.00 for a new system or \$105.00 for bed bottom and final inspections only.

Rockingham County Conservation District  
110 North Road  
Brentwood NH 03833-6614  
tel. 679-2790 fax. 679-2860

The Town of Brentwood Selectmen requests the witness of test pit(s) for the \_\_\_\_\_ proposal for the purpose of:

New system \_\_\_\_\_ Failed system \_\_\_\_\_ Inspections only \_\_\_\_\_  
other \_\_\_\_\_

Location of test pit \_\_\_\_\_ Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Contact person: \_\_\_\_\_ Installer: \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

Telephone \_\_\_\_\_

Amount received \_\_\_\_\_ From \_\_\_\_\_

Date \_\_\_\_\_ Check # \_\_\_\_\_

Signature of person receiving the fee: \_\_\_\_\_

### CONSENT OF APPLICANT

I, \_\_\_\_\_, agree to a review of the above proposal and further agree to be responsible for any charges that may result from this review.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***It is the responsibility of the applicant to contact RCCD to make an appointment for the test pit inspection. Please allow 4 working days after submission to the Selectmen's office before contacting RCCD. Inspections are done Tuesdays and Thursdays, 24 hour notice is required.***